



# NCIOM Task Force on the Co-Location of Different Populations in Adult Care Homes

Presented to the North Carolina Study  
Commission on Aging

Pam Silberman, JD, DrPH

President & CEO

North Carolina Institute of Medicine

January 13, 2011





# Overview

- Background on the North Carolina Institute of Medicine
- Charge to the Task Force
- Background
- Task Force Recommendations



# NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
  - Be concerned with the health of the people of North Carolina
  - Monitor and study health matters
  - Respond authoritatively when found advisable
  - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

*NCGS 90-470*



- ● ● | NCIOM Task Force on the Co-Location of Different Populations in Adult Care Homes

- In 2010 the North Carolina General Assembly asked the NCIOM to convene a Task Force to study:
  - Short- and long-term strategies to address issues within adult care homes that provide residence to persons who are frail/elderly and to persons with mental illness.
  - Section 10.78(ff) of Session Law 2009-451
- The Task Force met eight times between February and December of 2010



# ● ● ● | **Task Force Funding**

- Task Force funded through the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) through the Center for Substance Abuse Treatment (CSAT)
  - Funded as part of the SAPTBG block grant that flows to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services



# Task Force Membership

- **Co-Chairs**

- **Jean Farmer-Butterfield**, Representative, North Carolina General Assembly
- **John Snow, JD**, Senator, North Carolina General Assembly
- **Maria F. Spaulding**, Deputy Secretary for Long-Term Care and Family Services, North Carolina Department of Health and Human Services

- There were 41 additional Task Force and Steering Committee Members





# Task Force Report

- The final Task Force report will be delivered to the North Carolina General Assembly later this month
- Task Force developed nine recommendations with two designated as priority recommendations

# ● ● ● | **Background on the Issue**

- Although most people think of adult and family care homes (ACH) as homes for the frail elderly, actually the ACHs in North Carolina serve more than 18,000 residents with mental illness, intellectual and developmental disabilities, or Alzheimer disease/dementia.
  - Data is not currently captured on the numbers of people with a primary diagnosis of an addiction disorder
- These residents comprise 64% of all ACH residents and more than 75% of residents ages 18 to 64



# ● ● ● | **Background on the Issue**

- The placement of individuals with mental illness, substance abuse problems, intellectual and developmental disabilities, and other conditions that may result in serious behavioral problems can pose a threat to the health and safety of other residents and the staff of ACHs.
  - Serious behavioral problems include verbal or physical aggressiveness towards self or others, or inappropriate sexual behaviors

# ● ● ● | **Background on the Issue**

- ACHs may be suitable for the frail elderly or others who need assistance with activities of daily living (ie, dressing, bathing, feeding)
  - However, ACHs are not appropriate placements for people with significant behavioral problems
- Many individuals with disabilities have few other viable options if they need housing and support services

# ● ● ● | **Background on the Issue**

- Ideally the Task Force would like to see individuals with disabilities provided with a range of options to live more independently in their community with care and support services
  - This would promote self-sufficiency for younger people with disabilities
  - This would also help reduce problems created by the co-location of people with behavioral problems with the frail elderly or others with disabilities

# ● ● ● | **Task Force Recommendations**

- The Task Force developed both short-term recommendations to improve the current system and longer-term recommendations aimed at reducing or preventing the problem of co-location from occurring

# ● ● ● | **Longer-Term Recommendations**

- The longer-term recommendations focus on ensuring that individuals with disabilities have choices about where they live and the kinds of services and supports they receive by:
  - Making funding for housing more flexible
  - Developing more subsidized housing for individuals with disabilities
  - Increasing community based services and supports

## ● ● ● | **Pilot Program** (Rec. 3.1: PRIORITY)

- DHHS should develop a pilot program to provide opportunities for individuals residing in ACHs to move into independent supported housing
  - DHHS should
    - Submit a Medicaid home and community based (HCBS) waiver
    - Evaluate ACH residents to see if they can live independently
    - Evaluate the pilot and report back to the NCGA
  - As part of the pilot, NCGA should
    - Provide the same level of Special Assistance funding to those who move into independent housing as provided to those who live in ACHs
    - Appropriate \$100,000 in SFY 2012-2014 to support technical assistance for ACH that want to transition to supported housing



## **Increase Funding for Housing for Individuals with Disabilities** (Rec. 3.2)

- The NCGA should appropriate \$10 million in additional recurring funding beginning in state fiscal year 2011 to the North Carolina Housing Finance Agency to increase funding to the North Carolina Housing Trust Fund.
  - A significant portion of the funding should be targeted for housing for individuals with disabilities.



# Short-Term Recommendations

- The Task Force recognized the importance of working on *longer-term goals* of expanding housing options, and community-based services and support to help people with disabilities live more independently
- In the *short-term*, the Task Force recommended other changes to ensure the needs of people with disabilities and others in ACHs are being met. These changes include:
  - Screening, assessment, and care planning
  - Training requirements



# ● ● ● | **Screening, Assessment and Care Planning**

- The current system for screening residents before entry into ACHs, assessing their needs upon entry, and determining a treatment plan is inadequate.
  - ACHs need more complete and accurate information about a potential resident's health care needs, cognitive functioning, ability to perform activities of daily living, mental health, and behavioral problems *prior* to placement to ensure that placement is appropriate for the individual and other residents
  - Similar information is needed to develop a patient-centered treatment plan



## **Standardized Preadmission Screening and Assessment Instruments (Rec. 4.1: PRIORITY)**

- The NCGA should direct the DHHS to require adult care homes and family care homes (ACH), and mental health, developmental disability, and substance abuse group homes (122C) to use standardized preadmission screenings, level of services determinations, assessments and care planning instruments.

# ● ● ● | **Standardized Preadmission Screening and Assessment Instruments (cont'd)**

- The system should include an initial screening to determine if a person has a mental health or substance abuse problems, or intellectual and developmental disabilities
  - If so, then the person should be subject to a more thorough screening to determine if the person has behavioral problems and/or needs wrap-around services from the LME
- Data should be available to ACH staff, service providers, LMEs, and state agencies
- NCGA should appropriate \$900,000 in recurring funds (SFY 2012); and \$228,000 (SFY 2012), \$205,000 (SFY 2013) in non-recurring funds



## **Case-Mix Adjusted Payments** (Rec. 4.3)

- DHHS should use the information obtained from validated assessment instruments (Rec 4.1) to develop case-mix adjusted payments for adult and family care homes and 122C facilities. Payments should be adjusted on the basis of the acuity of a person's needs for services and supports

# ● ● ● | Training

- Workers in ACHs receive varying degrees of training and specialization, but most of the training is focused on providing basic personal or medical care to individuals.
- Because individuals with disabilities account for more than 60% of residents of ACHs, more training on ways to interact with and to care for individuals with disabilities is needed to ensure the safety and well-being of residents and staff



## **Use Geriatric/Adult Mental Health Specialty Teams (GAST) to Provide Training in all ACHs (Rec. 5.1)**

- NCGA already funds 20 GAST to provide training on a volunteer basis for any ACH with at least one resident with mental illness.
- Currently ACHs can accept or decline GAST training
- Recommendation: The North Carolina General Assembly should enact legislation to require all adult and family care homes (ACH) to receive geriatric/adult mental health specialty team (GAST) training at least three times per year.



## **ACH Staff Training and Competency in Crisis Prevention (Rec. 5.2)**

- The NCGA should require all adult and family care home direct care workers, personal care aides, medication aides, and supervisors to be trained and to have passed the competency exam for state-approved crisis intervention training by June 2013.
- Note: These programs and competency exams already exist. ACH would bear the costs of educating staff.

# ● ● ● | Other Recommendations

- Create an Inventory of Community Housing Options for Individuals with Disabilities (could be done immediately) (Rec. 3.3)
- Local Management Entity Outreach and Education for Adult and Family Care Home Staff (Rec. 4.2)
- Pilot New Behavioral Health Training and Competency Examination Requirements for New Direct Care Workers (Rec. 5.3)



- ● ● | **Create an Inventory of Community Housing Options for Individuals with Disabilities** (Rec. 3.3. Could be done immediately)

- Local management entities should work with other agencies to develop a real-time inventory of community housing options, including 122C therapeutic mental health homes, substance abuse and developmental disability group homes, adult and family care homes, supported living arrangements, and independent living options, and make this inventory available to families.



## **Local Management Entity Outreach and Education for Adult and Family Care Home Staff (Rec. 4.2)**

- The DMHDDSAS should require local management entities (LME) to hold an informational forum at least twice a year for staff of adult and family care homes (ACH) and geriatric adult specialty teams (GASTs). The LME forum should help ACH and GAST staff understand the LME's purpose and function, as well as the resources and services accessible through the LME, including crisis services.
- Division of Health Service Regulation should encourage all supervisors and managers to attend at least once a year

# ● ● ● | **Pilot New Behavioral Health Training and Competency Examination Requirements for New Direct Care Workers** (Rec. 5.3)

- North Carolina received a 3-year federal Personal and Home Care Aide State Training Program (PHCAST) grant
- Recommendation: DHHS should develop a standardized curriculum and competency test for new direct care workers as part of the federal PHCAST grant



# For More Information

- Websites: [www.nciom.org](http://www.nciom.org)  
[www.ncmedicaljournal.com](http://www.ncmedicaljournal.com)
- Key contacts:
  - Pam Silberman, JD, DrPH, President & CEO  
919-401-6599 ext. 23 or [pam\\_silberman@nciom.org](mailto:pam_silberman@nciom.org)
  - Berkeley Yorkery, MPP, Project Director  
919-401-6599 ext. 30 or [byorkery@nciom.org](mailto:byorkery@nciom.org)

